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SUBJECT: SOMALIA DART SITUATION REPORT 7 NON-FOOD
HUMANITARIAN PROGRAMS

REFS: A) NAIROBI 00206 B) NAIROBI 00294

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SUMMARY

¶1. In fiscal year (FY) 2006, USAID's Office of U.S. Foreign Disaster Assistance (OFDA) provided \$6.9 million in non-food humanitarian assistance to agencies focused on drought response and recovery within the health, nutrition, livelihood, and water, sanitation, and hygiene sectors. OFDA funds three UN agencies and five non-governmental organizations (NGOs) in Somalia. In FY 2007, OFDA plans to continue supporting existing partners and initiate support for several new agencies working in priority sectors. End Summary.

BACKGROUND

¶2. In 2007, the humanitarian community plans to prioritize assistance to southern and central regions in Somalia (REF A). Regions of particular concern in the south include Middle Juba, Lower Juba, Gedo, Middle Shabelle, several districts in Bay Region, as well as Galgaduud and Mudug regions in central Somalia. Despite the recent conflict ending six months of Islamist rule in Somalia, the majority of humanitarian needs are among the drought and flood-affected communities.

¶3. OFDA has supported non-food humanitarian programming in Somalia since 1991. Many of the OFDA-funded programs are designed to address chronic problems associated with drought, flooding, and

conflict, including high malnutrition rates, poor access to health care services, inadequate access to safe drinking water, and limited livelihood opportunities. In FY 2006, OFDA provided \$6.9 million and \$3.4 million to date in FY 2007 for Somalia. This cable provides an overview of ongoing non-food humanitarian programming. (USG-funded food aid programs are reviewed in REF B)

UN AGENCY PARTNERS

¶4. The UN Children's Fund (UNICEF \$2.5 million in FY 2006 and \$1.7 million to date in FY 2007), the UN World Health Organization (WHO \$200,000 in FY 2006), and the UN Food and Agriculture Organization (FAO \$700,000 in FY 2006 and \$850,000 to date in FY 2007) are OFDA's current UN agency partners in Somalia.

¶5. UNICEF programming in the health, nutrition, and water, sanitation, and hygiene sectors assists nearly 1.8 million beneficiaries countrywide. To enable UNICEF to reach isolated communities via the Juba and Shabelle rivers during the flooding in December 2006, OFDA provided 12 Zodiac boats and motors valued at \$250,000. UNICEF is the cluster lead in nutrition, protection, and water, sanitation, and hygiene. UNICEF also has access to stockpiles of relief supplies and a wide distribution network of local and international NGOs. While not the formal lead in the health cluster, UNICEF has played a major role in primary health care and maternal and child health. With OFDA support, UNICEF supplies health facilities with essential medicine, medical equipment, and consumable supplies.

¶6. OFDA supports the UN Common Air Service (UNCAS), which is operated by the UN World Food Program (WFP),

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via a grant to UNICEF. Air transport of UN and NGO staff and relief supplies to communities in Somalia is a critical component of the humanitarian operation because insecurity, periodic flooding, and a poor road network limit the ability of aid agencies to access beneficiary populations in many areas. Security concerns have caused UNCAS to curtail operations since December, hampering movement of UN and NGO staff and program supplies. Regular UNCAS flights have resumed to Wajid Airport in Bakool Region and Baidoa Airport in Bay Region. UN security officers are in the process of evaluating security and landing conditions of other airstrips (including Kismayo, Jowhar, and Belet Weyne) in flood and conflict-affected regions.

¶7. The FAO Food Security Analysis Unit (FSAU) provides evidence-based analysis of food security, nutrition, and livelihoods in Somalia. Within FSAU, OFDA funds the nutrition surveillance program that conducts nutrition surveys, rapid assessments, and monitors nutrition sentinel sites throughout Somalia. FSAU reports provide critical data on malnutrition rates, crop yields, livestock prices and terms of trade, and agricultural patterns. FAO is also leading the livestock sector response for Rift Valley fever (RVF) in Somalia, collecting livestock samples, facilitating surveillance teams, and training animal health workers through partnerships with local and international animal health organizations.

¶8. WHO is the lead health sector agency in Somalia and works with hospitals to train staff, provides medical supplies, undertakes vaccination programs, and coordinates emergency health responses with other UN agencies and NGO partners, concentrating on acute health care services. WHO is coordinating the response to RVF on the human health side in close cooperation with UNICEF, the International Committee of the Red

Cross (ICRC), and local and international NGOs.

NGO PARTNERS

¶9. Most NGOs working in Somalia have limited operational coverage. The working environment in southern Somalia prohibits rapid start-up of new NGOs in districts or regions without exhaustive community-based negotiations with community leaders and local authorities. Access to vulnerable communities has been the greatest challenge to all agencies in recent years due to chronic insecurity and limited capacity of local partners.

¶10. OFDA partners currently working in southern and central regions have stable national work forces that have been accepted by local community leaders and good track records implementing program activities, often under difficult circumstances. The Adventist Development and Relief Agency (ADRA \$1.3 million), International Medical Corps (IMC \$638,000), Action Contre la Faim (ACF \$852,000), World Concern (\$399,000), and World Vision (\$250,000) are OFDA's current NGO partners in Somalia.

¶11. IMC implements livelihood and nutrition initiatives in Bakool Region targeting 10,000 beneficiaries. IMC is expanding its efforts into Bay Region to provide emergency vaccination coverage and

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support supplemental feeding programs. In January, IMC reported that the conflict had further delayed implementation of emergency health and nutrition programs in Dinsor District. In December, IMC relocated four international staff from Somalia to Nairobi, where the staff remained. However, IMC's programs continue to be implemented by national staff in Bakool and Hiraan regions. Additionally, the closure of the Kenya-Somalia border prevented transport of IMC's cholera response supplies to Belet Weyne and biological samples for cholera testing to Nairobi for laboratory analysis.

¶12. ADRA also works in Bakool providing water, sanitation, and hygiene assistance to 30,000 beneficiaries. Despite the conflict, ADRA's program continues, however, the flooding delayed implementation of some activities. Insecurity has suspended implementation of ADRA's planned activities in the Dinsor, Bay Region, since last July. ADRA has scheduled a mission to Dinsor to negotiate access and program implementation issues with local authorities for January 22, after which program implementation may be able to resume.

¶13. ACF provides water, sanitation, and hygiene services in Bakool and Gedo regions targeting 65,000 people. In December and January, operations were uninterrupted, although, international staff did leave Somalia during the holiday period. As UNCAS flights have resumed to Wajid, ACF's international staff have returned to Bakool and Gedo project sites.

¶14. World Concern implements food security, agriculture, and water, sanitation, and hygiene programs for 80,000 beneficiaries in the Middle Juba Region. In October, World Concern curtailed operations in Jilib and Kismayo due to fighting. World Concern's national staff continue program implementation, but without international staff, capacity building training for village water committees and other program components have been delayed. In December, the NGO conducted a rapid assessment of the impact of flooding on riverine communities. World Concern expects that operations will return to full capacity once UNCAS

flights to Middle Juba Region resume.

¶15. World Vision provides water, sanitation, and hygiene assistance to 25,000 beneficiaries in Middle Juba Region. World Vision has not had international staff in Middle Juba since late December. However, its national staff continue to implement programs in Somalia. The absence of international staff has impacted some programs, such as engineering components of water and sanitation activities. As a result of the conflict, World Vision reports that it has not been able to complete repairs to damaged water points as scheduled. Additionally, humanitarian flights have not flown into Buaale since the end of December. World Vision's international staff have not been in Middle Juba Region since late October, except for a three-day monitoring and evaluation trip in mid-December.

COMMON CHALLENGES

¶16. OFDA partners coordinate closely on the ground, dividing regions into areas of operation to avoid

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overlaps, and work with other organizations to identify gaps. Humanitarian coordination in Somalia is undertaken using the UN "cluster" system, which is slowly being integrated into the already existing NGO coordination structure under the auspices of the Somalia Support Secretariat with positive results.

¶17. OFDA partners sometimes experience problems in monitoring program implementation and moving staff and materials into Somalia and within the regions as a result of insecurity. However, most partners report that assistance continues through the efforts of Somali national staff, although often without the technical support, guidance, and authority of international program managers who remain in Kenya.

¶18. The UN Office for the Coordination of Humanitarian Affairs (OCHA) has raised concerns regarding the lack of current information on evolving health and nutrition situations in south and central Somalia, as even local staff are experiencing restricted movement, making assessments impossible. The paucity of information is making long-range response planning difficult. OCHA is keeping NGOs apprised of access opportunities and coordinating advocacy for security and humanitarian access with the Somali Transitional Federal Government (TFG).

¶19. WHO and several health NGOs have reported that local residents, including the war-wounded, are reluctant to travel to health facilities for fear of harassment by local bandits, freelance gunmen, and reconstituted warlord militias, which accounts for low turnout at clinics and hospitals over the past month. Lack of access has also hampered surveillance and sampling efforts needed to respond to the suspected outbreak of RVF in Gedo and Lower Juba regions.

¶20. Additionally, agencies have reported that distributions of relief supplies and health kits have been interrupted, primarily in and around Kismayo, Lower Juba Region, due to insecurity, and in Hiraan Region due to flood-damaged airstrips.

FY 2007 FUNDING PRIORITIES

¶21. OFDA's geographic priorities are locations hardest hit by successive years of drought, flooding, and recent conflict and include all regions in southern Somalia and Hiraan, Galgadud, and Mudug regions in central Somalia.

¶22. Sectoral priorities are shelter, basic social services such as health care and nutritional support for vulnerable women and children, and water, sanitation, and hygiene. Protection is becoming a priority sector, especially with increasing concern over newly laid landmines in conflict regions and the recruitment and abandonment of child soldiers. OFDA also prioritizes livelihood activities that improve household income and access to resources.

¶23. In FY 2007, OFDA plans to continue support for UNICEF, FAO, and WHO, and initiate support for OCHA's coordination activities. USAID expects to continue supporting the activities of its FY 2006 NGO partners and initiate support for several new partners in

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priority assistance sectors.

¶24. Other humanitarian donors, such as the UK Department for International Development (DFID) and the Humanitarian Aid Department of the European Commission (ECHO), are proceeding cautiously, waiting to evaluate the full impact of the recent conflict. In the meantime, donor priorities continue to be flood and drought recovery activities. The UN does not anticipate a revision of the 2007 Consolidated Appeals Process (CAP) or issuing a Flash Appeal at this time. (REF A)

RANNEBERGER